

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL  
September 20, 2017 10:00 am to 3:00 pm  
Polk County River Place, Room 1  
2309 Euclid Avenue, Des Moines, IA 50310  
MEETING MINUTES

---

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Teresa Bomhoff	Todd Lange (phone)
Kenneth Briggs Jr.	Brenda Lechner
Jim Chesnik (phone)	Josh McRoberts
Jim Cornick	Todd Noack (phone)
Jim Donoghue	Harry Olmstead (phone)
George Estle	Donna Richard-Langer
Julie Kalambokidis (phone)	Brad Richardson
Michael Kaufmann	Jim Rixner
Kathleen Goines	Dennis Sharp
Kris Graves	Michele Tilotta
Gary Keller (phone)	Jennifer Vitko (phone)
Earl Kelly	Kimberly Wilson
Anna Killpack	

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

LeAnn Moskowitz	Sharon Lambert
DJ Swope	Tammy Nyden
Tracy White	Carole Police
Lee Ann Russo	

OTHER ATTENDEES:

Theresa Armstrong	DHS, MHDS, Community Services & Planning
Jerry Foxhoven	Department of Human Services, Director
Christie Gerken	Iowa Advocates for Mental Health Recovery
Julie Maas	DHS, MHDS, Community Services & Planning
Rick Shults	DHS, MHDS, Division Administrator

Chair Teresa Bomhoff called the meeting to order at 10:05 a.m. and led introductions. Quorum was established with seventeen members present and seven participating by phone. Anna Killpack made a motion to approve the July meeting minutes as presented. Jim Cornick seconded the motion. The motion passed unanimously.

### **Nominations Committee**

Ken Briggs said the Planning Council had one application from Heather Thomas from Prelude Behavioral Healthcare in Des Moines. Ken said Heather has experience as a mental health provider and substance use disorder treatment provider. Ken Briggs moved the nomination of Heather Thomas to the Planning Council. Brad Richardson seconded the motion. The motion passed unanimously.

### **Monitoring and Oversight Committee**

Jim Rixner said the committee had a telephone call on August 4<sup>th</sup> with MHDS staff. The purpose of the meeting was to follow up on the previous call with MHDS and continue dialogue which improves their relationship.

Anna Killpack said that she attended the state's complex service needs workgroup and the Sherriff from Marion County brought up the idea of access centers across the state so individuals needing a psychiatric hospital bed would have a place to go while they wait for a bed to become available. Anna said that Rick Shults said at the meeting he wants the workgroup to come up with a plan that they can put into action and is achievable.

### **Children's Committee**

Anna Killpack reported the invitation to join the children's coalition has been drafted but has not been sent out. Anna said this coalition will be outside the Planning Council's children's committee.

Teresa Bomhoff stated that the state's Children's Mental Health & Well-being Advisory Committee will have their first meeting on September 26, 2017 from 10am – 3pm and the Complex Service Needs Workgroup will be meeting on October 10<sup>th</sup> 2017 from 10am – 3pm.

### **2018-2019 Mental Health Block Grant (MHBG) SAMHSA Visit**

Teresa Bomhoff reviewed the priorities for the 2018-2019 Mental Health Block Grant application as presented in the agenda. The Planning Council discussed the outcome measures regarding readmission to the hospital within 30 days. Anna Killpack said there is a lack of staff continuity after hospitalization and even though there may be a visit within seven days of discharge it is mostly a review of resources and those resources aren't always available where individuals live. There was discussion on the importance of services being impactful to encourage continued engagement in services.

Donna Richard-Langer expressed concerned about losing their focus on peer support and building that workforce. Teresa Bomhoff asked Theresa Armstrong if DHS is planning to continue their contract with the University of Iowa to provide training for peer supports. Theresa answered that DHS has every intention of fulfilling their six year contract with the University of Iowa and in the last year have pushed them to focus on the next step which is building the workforce. Anna Killpack said that it is part of the

monitoring and oversight committee's responsibility to keep track of the peer support priority and criminal justice priority.

Brad Richardson said he believes the performance measures included in the MHBG plan are inadequate and ineffective for improving services and should be redone if they are going to serve a purpose. Teresa Bomhoff asked Brad if he would like to work with Laura Larkin from DHS to come up with new performance measures that might improve the system. Brad said coming up with performance measures that are useful is complicated and there are a lot of factors to consider but the performance indicators should measure how a service is being provided. Theresa Armstrong said the MHBG performance measures focus on how the state can better use what is already in the system. Theresa said that the state doesn't collect a lot of client level data because that is being collected in other areas such as the MHDS Regions and in the Olmstead Plan. Theresa encouraged the Planning Council members to think about measurement and how the data will be collected because data collection is a key component for performance measurement. Theresa said the state has a long term goal to get better client level data but we aren't there yet. Brad, Donna, and Todd Noack agreed to meet with Laura Larkin to discuss possible changes to the performance measures.

Teresa said members of the Planning Council met with the SAMHSA representative in person and by phone to discuss several topics including the importance of the systems of care grants and the lack of funding to expand them throughout the state, the need for a children's system and options for entities that have the capability for taking charge of the system, the separation between mental health and substance use disorder at the state level and the Planning Council recommendation to move mental health to the Iowa Department of Public Health, and the need to manage LTSS differently than it is currently being managed by the MCOs. Teresa said the SAMHSA representative recommended diversifying the representation on the Planning Council and including more substance use disorder providers. Teresa said the representative offered technical assistance information for the Planning Council on how to diversify their membership. Teresa said that overall the meeting with SAMHSA was positive and the representative was receptive to their ideas and suggestions.

### **Public Comment**

None

### **Legislative Priorities**

The Planning Council broke into small groups to discuss legislative priorities at 11:30 and reconvened after lunch 12:57pm.

### **Priorities/Question and Answer Session with DHS Director**

Director Jerry Foxhoven introduced himself and thanked the Planning Council for having him meet with them. Todd Noack said he would like to get Director Foxhoven's thoughts on a situation he recently had where a friend was taken to the local emergency room for psychiatric reasons and sent home because the staff at the hospital determined they

didn't need to be admitted and weren't aware of crisis services in the area. Todd said the MHDS Region contracts with Robert Young to provide crisis services in their region and Robert Young should be advertising their services to the hospitals and public since they received a large contract from the region. Todd said that it was very frustrating and when he called Robert Young their response was that they would look into the situation. Director Foxhoven said that he understands Todd's frustrations but he is pleased to hear the region has entered into a contract with a provider for crisis services and a communication gap is easier to fix than not having the services available. Director Foxhoven said he wasn't sure what outreach Robert Young has done but clearly they need to reach out to the hospital to ensure the hospital and their staff are aware of their programs.

Teresa Bomhoff said she read an article where the Director was open to carving out behavioral health services and bringing them back to the state. Teresa said she would like to hear the Director's input on that article. Director Foxhoven said that the media report's interpretation of what he said went a bit further than he intended. He agrees the system isn't working as well as we need it to for the long term care population and DHS and the state need to look at all the options for long term services and supports including behavioral health. Director Foxhoven doesn't want to call it carving out because the focus is on how the services can be managed differently to be more effective. The long term care population utilizes ongoing services that assist them in living successfully in their community and should be managed differently than physical health needs like a broken leg that can be healed with treatment. Director Foxhoven said he wants to review all the options on how to better manage the long term care population.

Jim Rixner asked the Director to clarify which population he is talking about because individuals with long term chronic disability issues are not necessarily the same as individuals with behavioral health needs. Director Foxhoven said they are two different populations and they may be addressed differently based on what is the best way to meet their needs. Director Foxhoven said that there will be changes and the state will do everything possible to minimize the impact to the individuals being served.

Rick Shults said that one advantage of the MCOs is that physical health and mental health are now together which was a challenge when Magellan was only managing mental health. Rick encouraged the group to think about how physical, mental, and substance use disorder all tie into each other.

Todd Noack said that when Magellan was in the state they gave NAMI a lot of community investment dollars and provided peer support training. Todd said that the current MCOs are not investing in the community like Magellan had previously done. Teresa Bomhoff said that they would like group of Planning Council members to meet with the Director when it comes time to decide how behavioral health will be managed. Director Foxhoven said he would be open to meeting with Planning Council members on the topic.

Teresa Bomhoff asked if there is any way to stop the waiver process that will end retroactive coverage for individuals applying for Medicaid. Director Foxhoven said that it wasn't the Department's decision to apply for the waiver but a decision made by the legislators and they passed a bill directing the Department to apply for the waiver. Director Foxhoven said the only way for that to change is for the legislators to change their minds because the Department has to follow the law.

Anna Killpack said that there are cases where people perform better in a more restrictive level of care and encouraged the Director to not limit the array of services to community based but to be open to the idea that some people require a higher level of care to be successful. Director Foxhoven said he agrees and he is committed to keeping the current institutions open.

Ken Briggs said that people don't want to pay taxes and they are need to provide services for people. Director Foxhoven said that one of the ways to counter that is to keep having conversations with neighbors and community members about the role of the government and the importance of caring for fellow Iowans and continue to talk to your legislators. Director Foxhoven said most people know someone who is struggling with mental health or substance abuse and it's a topic that needs to be discussed.

Jim Cornick said that he became involved with the Planning Council when his son's depressive disorder turned into Bi-polar and Teresa Bomhoff directed him to NAMI for resources and education. Jim said that when he reached out to the Governor to meet with him after his son committed suicide he was told by the person who answered the phone that even though mental illness is a problem it doesn't have much traction as an issue. Jim said that leadership needs to change and the leaders in Iowa seem to disregard mental illness and substance use disorder issues in the state. Director Foxhoven said that when Governor Reynolds asked him to serve as the Director of the Department of Human Services she said that she wanted to see changes in mental health, child protection, and managed care. Director Foxhoven said he accepted the position because of her dedication to change and the need for Iowa to do better in those areas. Director Foxhoven said he is committed to bringing the Governor solutions that will improve the lives of Iowans.

## **MHDS Report**

Theresa said SAMHSA was in Iowa September 12-15 for the mental health block grant site visit. DHS's review took place as a combined review with the Department of Public Health but each had their own reviewers. DHS's reviewer talked to MHDS and fiscal staff about Iowa's mental health system for children and adults. The reviewer had time set aside to meet with the Mental Health Planning Council as well as other individuals and family identified through NAMI and the MHPC. Theresa said that SAMHSA's feedback was overall positive and they liked the progress that has been made in regionalization but did hear that it wasn't working quite as it was intended. Theresa said that the reviewer liked the progress made with data collection, the development of evidence based practices, and how many agencies are providing both mental health and substance use disorder treatment services. Theresa said that the reviewer liked the amount of collaboration that takes place with other state agencies. The reviewer also viewed it as a positive to have MHDS and IME under the same umbrella agency and how closely MHDS works with IME in moving practices forward. Theresa said that SAMHSA will give

recommendations for technical assistance ideas for areas like workforce development and increasing diversity on the Planning Council and in developing the block grant plan.

Theresa said the complex needs work group had their first meeting on August 22, 2017 and will have a total of five meetings. Theresa said the work group's report is due to the Governor and General Assembly on December 15, 2017. Theresa said the MHDS Regions are also directed by SF504 to form local work groups to develop processes, policies, and practices for the same group of people as the statewide work group. Theresa said the regions had to move quickly on their work group meetings because their community service plans are due to the DHS on October 16, 2017. DHS will share those plans with the work group and part of the recommendations in their report will include the selection of key strategies from the community service plans that will improve our system.

Theresa said the community service plans will also include outcomes agreed upon by DHS and the regions. The following outcomes were agreed upon by DHS and the MHDS Regions: the number of individuals who are in the emergency department over 24 hours because mental health, disability, or substance use disorder services are not available; the number of individuals who are psychiatrically hospitalized 24 hours beyond the hospital determining them ready for discharge because community based mental health, disability, or substance use disorder services are not available; the number of individuals with a mental illness, intellectual disability, or substance use disorder who could have been diverted or released from jail if appropriate community based services had been available; the number of individuals involuntarily discharged from their community based mental health, disability or substance use disorder provider without a new community based provider in place. This includes, individuals discharged to jail, homelessness, or hospital that are not returning to services with their current provider. The regions will be collecting data on a monthly basis and reporting it quarterly to DHS from November 1, 2017 – October 31, 2018. Theresa said DHS has another report due in December 2018 regarding the success of the community service plans.

Theresa said the Children's Mental Health and Well-being Advisory Committee is having their first meeting on September 26, 2017 and Julie Maas will be staffing the committee. The meeting announcement with agenda will be sent out as soon as possible. Theresa said that an RFP was released for Children's Collaboratives which has one entity taking a lead responsibility of a group of entities in developing a way children's services are delivered with a mindset of prevention and awareness. Contracts were awarded to Seasons Center, YSS, and Prevent Child Abuse Iowa. Seasons Center will cover 19 counties in northwest Iowa including Lyon, Osceola, Dickenson, Emmet, Sioux, O'Brien, Clay, Palo Alto, Plymouth, Cherokee, Buena Vista, Pocahontas, Woodbury, Ida, Sac, Calhoun, Monona, Crawford, and Carroll. YSS will cover six counties in central Iowa that includes Franklin, Hamilton, Hardin, Boone, Story, and Marshall. Prevent Child Abuse Iowa will cover three counties in southeast Iowa that includes Wapello, Jefferson and Van Buren.

Theresa gave an update on Disaster Behavioral Health Teams. DHS first started this project seven or eight years ago when there were disasters in Iowa and many of the current volunteers work at community mental health centers or are retired. Volunteers not only go out and assist with natural disaster but also assist with other local events like traffic accidents where a youth died, or suicide in high schools. Karen Hyatt manages this program and held introductory trainings for current volunteers as well as inviting new people to the table to see who is still interested and also to recruit new members. These trainings will continue through the next year.

Teresa Bomhoff asked if the Planning Council could get an updated presentation on the regional dashboards. Theresa Armstrong said there is a report and she will see if it is ready to be presented. Teresa asked if DHS still stands by their recommendations in their redesign report and if there will be changes in the regional system based on the recommendations. Theresa Armstrong said they were recommendations to the legislators and there was no movement on them at the legislative level and DHS hasn't acted on them either.

Teresa Bomhoff asked if crisis codes were almost finalized and whose decision it is to move forward with the MCO's paying for crisis services. Theresa Armstrong answered that the codes have been finalized and all the floor rates have been set except for two services.

Teresa Bomhoff asked what the state thinks about putting a subacute facility at one of the mental health institutes. Theresa Armstrong answered that was a question for Rick Shults. Teresa asked if the Olmstead Plan is almost completed. Theresa Armstrong answered that the Director has reviewed the plan and it will be presented to the DHS Council.

Teresa Bomhoff asked where Chapter 24 is in the rewrite process. Theresa Armstrong said that Chapter 24 is the chapter in Iowa Administrative Code that sets the rules for the accreditation of community based services like outpatient therapy and supported community living. Theresa said that Chapter 24 is still in the DHS internal review process.

There was discussion on the need for a standardized assessment for hospitals that includes asking if the person feels they or their family members are in danger.

### **Public Comment**

None

The meeting adjourned at 3:00pm

Meeting minutes respectfully submitted by Julie Maas